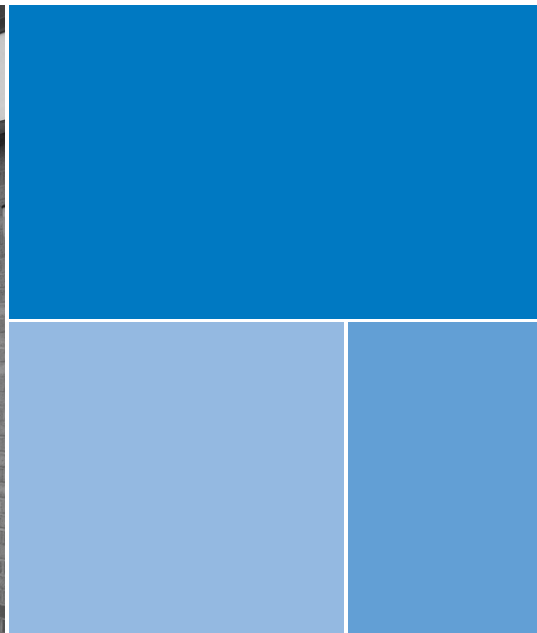




**James Paget
University Hospitals**
NHS Foundation Trust

Enhanced Recovery After Surgery (ERAS) following Colorectal Surgery



Patient Information

Introduction

This booklet is to help you understand the James Paget Enhanced Recovery Programme after bowel surgery and how you will play an active part in your recovery. Aspects of this care can vary from what you might expect. The aim of this programme is for you to have the best recovery possible allowing you home as soon as you are able. The booklet describes the steps in your journey of care through the James Paget University Hospital until you are ready to go home, which is usually three to five days after your operation. The last section includes advice on what you should do when you are at home and in case you have a problem.

If there is anything you are unsure about, please ask a member of staff or call the relevant number at the end of this booklet.

Planning and preparing for surgery

Before your operation it is really beneficial for you to try and make yourself as fit as possible. You can do this by adopting the following advice.

Diet

Having a balanced diet means eating the right amounts of a wide variety of foods to help you feel well. The NHS www.nhs.uk website has information on the Eat Well Guide, which shows how much of each food type to include in your diet.

Smoking

If you smoke it is ideal to give up smoking as soon as you can before your operation. Your GP can help with this. Smoking can adversely affect your recovery and healing process. You will be more prone to chest infections, blood clots and heart circulation problems if you continue to smoke, all of which may result in you having a slower recovery and a longer stay in hospital.

Alcohol

It is advised ideally to stop or at least to reduce your alcohol intake prior to surgery.

Exercise

Increasing physical activity will not only help to improve your general fitness level but can also help with your recovery after surgery. Physical activity can be as simple as walking, a 30 minute walk every other day is a good start.

Stoma care

If there is a possibility of surgery resulting in stoma formation a member of the stoma team will see you to discuss stoma care and living with a stoma bag. Stoma practice before your operation will make it easier for you to care for your stoma post-operatively and may reduce your length of stay in hospital.

Pre-operative assessment clinic

An appointment will be made for you to attend the pre-operative assessment clinic before your scheduled date of admission. You will see a nurse who will check your general health. Blood tests and ECG (heart tracing) will be arranged if required. You will also be given advice on taking regular medication – please bring all your regular medications with you when you are admitted.

Certain bowel operations require preparation to clear your bowel before surgery – you will be given specific instructions for this during your appointment.

You may be seen by an anaesthetist who will give you detailed information about your anaesthetic, post-operative pain relief and post-operative relief for nausea and vomiting. If you have any concerns regarding your anaesthetic please ask – your anaesthetist will be happy to help.

In order for you to be in the best possible condition for your surgery you will be given special carbohydrate drink called 'preload' to take the day before and morning of your surgery. You will be given specific instructions on how and when to take them.

Preparing for theatre

On the day before your operation you may be asked to take a strong laxative to clear the content of your bowels. This will be explained to you and provided for at your pre-op assessment clinic appointment. This makes your bowels quite loose, so it is important that you drink plenty of fluid to replace what is lost. Otherwise, you may feel dizzy, sick or have a headache.

After surgery

The aim of enhanced recovery is to get you back to full health as quickly as possible after your operation. Research has shown that the earlier you get out of bed, sit up and walk the less likely you are to develop post-operative complications such as chest infections and blood clots in your legs. You will be given a small injection of blood thinning medication each day whilst you are in hospital, this helps reduce the risk of thrombosis occurring in the legs. In addition to this, eating and drinking early has shown that bowel function returns more quickly which means we can commence discharge planning.

What happens after the operation?

You will be given a patient diary in the pre-assessment clinic; this can be used as an aide to your recovery post-operatively.

When you are sufficiently awake and your condition is stable the recovery staff will transfer you to the ward or High Dependency Unit/Intensive Care Unit if required. You will have intravenous fluids running; pain relief (analgesia) prescribed (this will have been discussed with your anaesthetist), anti-sickness medication will also be prescribed, as some analgesia can make you feel nauseated. You will have a urinary catheter and you may also need an abdominal drain – these will be removed after surgical reviews.

Day of surgery – sit up in bed, start your breathing and calf exercises – this is important to reduce the risk of post-operative complications such as a chest infection or a blood clot in your leg (deep vein thrombosis - DVT). You will be able to drink fluids.

Day 1 post-operative – you will be seen by your consultant surgeon. You will be assisted out of bed and if well enough aim for a short walk. Moving early is one of the most important parts of the Enhanced Recovery Programme – (as previously explained). If your surgeon is happy you may commence eating and drinking.

Day 2 post-operative – Drains and catheters will be reviewed with a view to removal. If tolerating fluids your Patient Controlled Analgesia can be removed and you can commence oral analgesia. You should be aiming to walk 25 metres four times a day.

Day 3 post-operative – If drains and catheters are removed, you are tolerating a light diet, moving well and you have passed wind/opened your bowels we will commence discharge planning.

Discharge criteria

Before you are sent home we would like you to:

- Be eating and drinking
- Be walking
- Have passed wind from your bottom
- Have your pain adequately controlled by pain killers
- Have a normal temperature.

Post discharge planning

It is well worthwhile planning in advance for your discharge. You may require someone to help with heavier jobs for a few weeks. This includes food shopping and household jobs such as vacuuming and gardening. Although it is not necessary some people feel more confident to go home if a friend or family member can stay with them or put them up for a short period, if you live alone for example.

Complications do not happen very often, but it is important that you know what to look out for. During the first two weeks after surgery, if you are worried about any of the following, please phone the number provided at the end of this booklet.

Abdominal pain

It is not unusual to suffer gripping pains (colic) during the first week following removal of a portion of your bowel. The pain usually lasts for a few minutes and goes away between the spasms.

If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact a nurse on the telephone numbers provided.

Your wound

It is not unusual for your wound(s) to be slightly red and uncomfortable during the first one or two weeks. Please contact your nurse specialist if your wounds:

- Become inflamed, painful or swollen
- Start to discharge fluid.

Your bowels

Your bowel habit may change after removal of part of the bowel and may become loose or constipated. If constipation lasts for more than three days or if you are passing loose stools more than three times per day for more than four days, please call and ask for advice.

Your stoma

If you have a stoma and you have any problems with your stoma after you go home, please contact your stoma specialist nurse, you will be given contact details before you leave hospital.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. It is also worth keeping an eye on the colour of your urine. If you are well hydrated you should be passing straw coloured urine. If you find that your urine is darker it may be a sign that you should drink more. If you feel you are not emptying your bladder fully or if you have excessive stinging when passing urine, please ring for advice as you may have an infection.

Diet

A balanced, varied diet is recommended. Try eating three or more times a day. You may find that some foods upset you and cause loose bowel motions. If that is the case you should avoid those foods for the first few weeks following your surgery. If you are finding it difficult to eat it is still important to obtain an adequate amount of protein and calories to help your body heal. You may benefit from having three to four nourishing, high protein, high calorie drinks such as Build-up® or Complian® (available in supermarkets and chemists) to supplement your food. If you are suffering from diarrhoea then it is important to replace the fluid loss and to drink extra fluid.

Exercise

Walking is encouraged from the day following your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting and contact sports until six weeks following your surgery.

Driving

You should not drive until you are confident that you can drive safely. A good measure for this is when you have got back to most of your normal activities. Usually this will be within four to six weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the wheel quickly please check with your insurance company.

Tiredness

You might find that you have low energy levels in the first few weeks that you are at home. It is important to mix activities with some rest as needed, but do get out of bed each day and get dressed if possible.

Summary

To enhance your recovery you will be expected to return to normal as quickly as possible. This means that you need to actively participate in your recovery by walking, eating and drinking. We will assist you by removing attachments such as the drip soon after the operation to make walking easier. Each day you should feel some improvement but do ask if you have any questions.

Telephone numbers

ERAS nurse/Colorectal Nursing Team - 01493 453689

Ward 4 – 01493 452004

Mr Lal's secretary -

01493 452155

Ward 5 – 01493 452005

Ward 9 – 01493 452009

Mr Velchuru's secretary -

01493 452158

Charnwood Suite -

01493 453900

Mr Liao's secretary -

01493 452232

Mr Aryal's secretary -

01493 452232

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

Courtesy and respect

- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals
So people feel **welcome**

Attentively kind and helpful

- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care
So people feel **cared for**

Responsive communication

- Listen to people & answer their questions
- Keep people clearly informed
- Involve people
So people feel **in control**

Effective and professional

- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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